



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

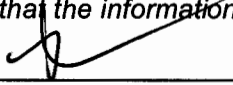
LOBBYIST REGISTRATION FORM

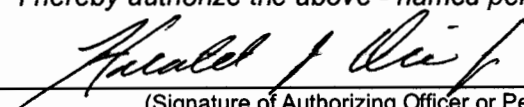
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle)			TELEPHONE
LAN, TERRY W.T.			597-1441
MAILING ADDRESS (Street)			FAX
320 Ward Ave. #209			593-2149
(City)	(State)	(Zip Code)	
Hon.	HI	96821	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii State AFL-CIO			597-1441
MAILING ADDRESS (Street)			FAX
320 Ward Ave. #209			593-2149
(City)	(State)	(Zip Code)	
Hon.	HI	96821	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
TERRY LAN			597-1441
MAILING ADDRESS (Street)			FAX
320 Ward Ave. #209			593-2149
(City)	(State)	(Zip Code)	
Hon.	HI	96821	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	1 - 25 - 05
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Harold Dias, Jr.		President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii State AFL-CIO		597-1441	
MAILING ADDRESS (Street)		FAX	
320 Ward Ave. # 209		593-2149	
(City)	(State)	(Zip Code)	
Hon.	HI	96821	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		2-4-05	
(Signature of Authorizing Officer or Person Represented)		(Date)	